

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

**Ronald Bass, Sr.**

(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

-against-

CV ( ) ( )

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)

**Purdue Pharma, et al., and the**

**State of New Jersey, et al.,**

(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☒ Yes ☐ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: **\$1,600 average**

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- |  |                              |  |
|--|------------------------------|--|
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (d) Disability or worker's compensation payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (e) Gifts or inheritances  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (f) Any other public benefits (unemployment, social security,<br>food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| (g) Any other sources  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:  
**By my bi-weekly salary**

4. How much money do you have in cash or in a checking, savings, or inmate account?

**\$500.00**

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

**Honda Accord, 2014 value about \$12,000**

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

**I'm in the rear on my utilities \$1,700; my automobile monthly payment \$263.18, food \$80.00 mo., gas \$80.00 mo., 4 mo. \$982.00 rear on rent**

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

**my daughter I allow my survival benefits to apply to her saving account for her assistance my son is being used as a political shield by the State of New**

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

**I agreed upon a tax settlement with the United State Dept. of Treasury**

**Declaration:** I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated		Signature	
<b>Ronald Bass, Sr.</b>			
Name (Last, First, MI)		Prison Identification # (if incarcerated)	
<b>450 Little Place, Apt.53</b>	<b>Plainfield</b>	<b>N.J.</b>	<b>07060</b>
Address	City	State	Zip Code
<b>(908) 374-9321</b>	<b>ronaldbass12345@gmail.com</b>		
Telephone Number	E-mail Address (if available)		



**PSE&G**

We make things work for you.

## Important notice

Total amount due

**\$1,894.52**

See important notice below for payment details

# Your energy bill

Bill date: September 16, 2021

For the period: August 17, 2021 to September 14, 2021

## Message Center



**\*\* IMPORTANT NOTICE \*\***

1-800-357-2262 (Mon-Fri, 7:30 AM - 8:00 PM)

Due to the COVID-19 crisis, shut-off of service for non-payment will not occur at this time but will resume effective January 2, 2022. Customers with a past due balance should contact PSE&G to enter into an Extended Deferred Payment Arrangement.

Your bill is now past due. Payment of \$1,842.83 must be received by 10/1/2021. A statement of customer rights and fees is shown on the reverse side.

Si en el futuro usted desea recibir la notificación de desconexión de servicio en español, por favor llame al 1-800-357-2262.

► **RONALD BASS**



**ACCOUNT NUMBER**

72 922 425 02



**SERVICE ADDRESS**

450 LITTLE PL APT 53  
NORTH PLAINFIELD BORO NJ 07060-66

## Snapshot of what you owe

See page 2 for details

Balance remaining from your last bill	\$140.83
Plus This month's charges and credits	\$1,753.69
<b>Total amount due by Oct 1, 2021</b>	<b>\$1,894.52</b>



**NEXT METER READING** October 13, 2021

## How to contact us



**1-800-436-PSEG (7734)**

**Customer Service:** 7am to 8pm Mon-Fri

**Emergencies / Outages / WorryFree Services:** 24/7

**TTY for the hearing impaired:** 1-800-225-0072



Visit [pseg.com/myaccount](http://pseg.com/myaccount) to access your account anytime



**Text us.** Register for MyAlerts by texting **REG** to 4PSEG(47734)

> Text **OUT** to report an outage.



[facebook.com/pseg](https://facebook.com/pseg)



[twitter.com/psegdelivers](https://twitter.com/psegdelivers)

## How much energy you're using



You  
used

**0.8%**



electric compared  
to this month last  
year.

This month was 2°F warmer compared to this month last year.

Page 1 of 4



**PSE&G**

We make things work for you.

## PAY YOUR WAY, 24/7

We offer a variety of methods that make it easy to pay your bill. See reverse side for more information.



By checking this box, I authorize PSE&G to initiate recurring ACH/Electronic Debits using the bank account number on the enclosed check.

Account number

**7292242502**

Total amount due

**\$1,894.52**

See important notice above for amount that must be paid to avoid shut-off.

**Amount enclosed**

018762 000070535



RONALD BASS

450 LITTLE PL APT 53

NORTH PLAINFIELD NJ 07060-6625

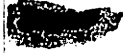


PSE&G CO

PO BOX 14444

NEW BRUNSWICK NJ 08906-4444





## Balance remaining from your last bill

PSE&G balance from last bill	\$140.83
<b>Balance remaining from your last bill</b>	<b>\$140.83</b>

## This month's charges and credits

Electric charges - PSE&G	\$51.69
Plus Other PSE&G Credits and Charges - see page 4 for details	\$1,702.00
<b>This month's charges and credits</b>	<b>\$1,753.69</b>

**Total amount due by Oct 1, 2021** **\$1,894.52**

If you or any member of your household rely on electricity to operate life sustaining equipment, please notify PSE&G. For more information, visit [pseg.com/life](http://pseg.com/life) or call 1-800-436-PSEG.

As New Jersey recovers from the COVID-19 crisis, residential service shut-offs for non-payment will not occur until after January 2, 2022. PSE&G is offering extended Deferred Payment Arrangements (DPA) with as little as \$0 down for qualified customers. To make a DPA online, log in to *My Account* at [pseg.com](http://pseg.com), or call 1-800-357-2262. Payment assistance programs are available to help customers at various income levels. One assistance program, the Universal Service Fund, also includes forgiveness of past due balances called "Fresh Start." Learn more at [pseg.com/helpnow](http://pseg.com/helpnow)

A medida que Nueva Jersey se recupera de la crisis del COVID-19, los cortes de servicio residencial por falta de pago no se llevarán a cabo hasta después del 2 de enero de 2022. PSE&G está ofreciendo una extensión de los Acuerdos de Pago Diferido (DPA) con tan solo \$0 de entrada para los clientes que califiquen. Para solicitar un DPA e por internet, ingrese a *Mi cuenta* en [pseg.com](http://pseg.com), o llame al 1-800-357-2262. Los programas de asistencia con el pago están disponibles para ayudar a los clientes con diferentes niveles de ingresos. Uno de los programas de asistencia, el Fondo de Servicio Universal, incluye también la condonación de saldos vencidos llamada "Fresh Start". Obtenga más información en [pseg.com/helpnow](http://pseg.com/helpnow).

Your safety is our top priority. Know what to do if you smell gas. Natural gas has a distinctive odor that smells like rotten eggs. If you smell gas, leave the area immediately. Call 911 or PSE&G at 800-880-PSEG. Do not assume somebody else has already called. For more information, visit [pseg.com/smellgas](http://pseg.com/smellgas).

Stay connected during hurricane season! Sign up for *MyAlerts* to report power outages via text message, as well as receive outage updates by text and email. For more information, visit [pseg.com/myalerts](http://pseg.com/myalerts).

If you've ever misplaced your bill or had a due date slip your mind, it's time to sign up for Paperless Billing! Instead of receiving a paper bill each month, you'll get a monthly email showing your bill amount and due date, with the ability to view or print your current and past bills. To sign up, log in to *My Account* at [pseg.com](http://pseg.com), and select "Paperless Billing."

PSE&G is replacing hundreds of miles of gas pipes to ensure that our system can provide safe and reliable service for years to come. If you see our crews working in the street, please pardon any inconvenience. For a list of towns and streets where the work is taking place, go to [pseg.com/gaswork](http://pseg.com/gaswork).

Please help keep our employees and your pets safe. PSE&G does not allow employees to enter a yard unless dogs are secured in a kennel, dog run or in your house. If we need to work inside your home, please put dogs and other animals behind closed doors. Thank you for your cooperation.



### Don't miss your meter reading

If you'll be away on your meter reading day, use our mobile app to upload a picture of your meter or enter your reading manually, or call 1-800-622-0197.

### Electric & Gas Rate Information

For news about PSE&G's rate filing and upcoming public hearings visit [www.pseg.com/pseandgfilings](http://www.pseg.com/pseandgfilings). Under applicable tax law, the State Sales and Use Tax and corporate business tax are imposed upon the energy you have used.





**Somerset County**  
Board of County Commissioners  
County Administration Building  
20 Grove Street, P.O. Box 3000  
Somerville, New Jersey 08876



**EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION**

To qualify for this program:

1. The applicant must be a resident of Somerset County
2. One or more individuals within the household qualify for unemployment benefits or have experienced a reduction in household income or financial hardship

and

3. Must not have an income exceeding the guidelines below:

1-Person	2-Persons	3-Persons	4-Persons	5-Persons	6-Persons	7-Persons	8-Persons
\$57,800	\$66,050	\$74,300	\$82,550	\$89,200	\$95,800	\$102,400	\$109,000

**TENANT CONTACT INFORMATION (Print Clearly)**

First Name	Ronald, Sr.
Last Name	Bass
Address 1	450 Little Place, Apt. 53
Address 2	
City, State, Zip Code	N. Plainfield, NJ 07060
Email	ronaldbass12345@gmail.com
Phone	(908) 374-9321

**DEMOGRAPHIC INFORMATION FOR APPLICANT:**

- Race:
- ☐ American Indian or Alaskan Native
  - ☐ Asian
  - ☒ Black or African American
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ White
  - ☐ Decline to Answer

- Ethnicity:
- ☐ Hispanic or Latino
  - ☒ Not Hispanic or Latino
  - ☐ Decline to Answer

- Gender:
- ☐ Female
  - ☒ Male
  - ☐ Nonbinary
  - ☐ Decline to Answer

P.S. I haven't received any financial assistance as of date for back rent

**PROPERTY TYPE:**Is the household living in rent-to-own housing? ☐ Yes ☒ No**TENANT HOUSEHOLD INFORMATION (Print Clearly)**

All Household Members (Include Applicant):

First Name	Last Name	Date of Birth (MM/DD/YYYY)	Income (indicate weekly (W), bi-weekly (B), monthly (M), or annually (A))
Ronald	Bass	03/19/1955	Bi-weekly

Total Number of People in Household (including applicant): 1Total Household Income: \$ 1600 gross give or take**APPLICATION TYPE (Check all that apply)**

- ☒ Past Due Rent (print date range clearly): \$ 2,324.60  
Rent per Month: \$ 982.80 Total Rent Past Due: \$ 2,948.40
- ☒ Current Rent  
Current Rent per Month: \$ 982.80 Number of Months (max 3): 3
- ☒ Past Due Utilities (print date range clearly): attached statement for utilities  
Total Past Due Amount: \$1,702.00
- ☒ Utilities  
Current Utility Amount: \$1, 30.00 (Payment plan \$75.00) "Catholic Charity Assistance" \$750.00

Other Sources of Rental Assistance (example Housing Choice Voucher (Section 8); Continuum of Care Permanent Supportive Housing; Project- Based Rental Assistance):

Source	Amount

### TENANT CERTIFICATION

Somerset County must ensure that households that receive assistance under the Emergency Rental Assistance Program do not receive a duplicative benefit from any other program. Assistance received from this program cannot overlap with assistance from any other source, and the total amount of all assistance to the household must not exceed the total amount in arrears. Payments through the Emergency Rental Assistance Program will only cover amounts not paid by or offered to be paid by other sources.

I certify that either myself or another adult in my household

- ☒ Qualifies for unemployment benefits  
☐ Has had a loss of income, increased expenses, or other financial hardship during or due, directly or indirectly, to the coronavirus pandemic

- X I certify that my household has not received and will not receive assistance from another program for the same costs that will be paid from ERAP.
- X I certify under oath that the information given in and attached to this application is true, complete, and accurate.
- X I certify that any payment of ERAP funds made directly to me for the purpose of paying rent or utilities on the household's behalf will only be used for the intended purposes.

I am aware and understand that if any information contained in or attached to this application is willfully false, my application will be closed, and I may be subject to criminal prosecution. I agree to cooperate with any reasonable requests to provide additional information and understand that if it is not provided in a reasonable timeframe my application will be closed.

I authorize Somerset County to: (1) communicate with other agencies that provide assistance to my household for the purpose of income verification and to release information that is relevant to the Emergency Rental Assistance Program, (2) verify any information contained in or attached to this application, and (3) share limited identifiers from my application with other entities that provide rental relief to ensure that there is no duplication of benefits.

I understand my information will be shared with the State of New Jersey and the U.S. Treasury.

**Ronald Bass, Sr.**

Print Name

Signature

Date



<b>✓</b>	<b>Verification Needed</b>	<b>Acceptable Document Copies</b>
<b>X</b>	Photo Identification	Passport, Permanent Residence Card, Government Issued ID, Driver's License
x	Rent or Lease Agreement	Current Rent or Lease Agreement w/ Signatures
x	Income Documentation (All Household Members 18+)	2020 IRS 1040, W2s, SSI Documentation, 1099s, Social Security Benefits Letter or Bank Statement Showing Deposit of Benefits
x	W-9 (see attached)	Completed & Signed



Department of the Treasury  
Internal Revenue Service  
310 Lowell St, Stop 360  
Andover, MA 01810

WI  
Notice CP521  
Notice date June 16, 2021  
Taxpayer ID number XXX-XX-3614  
To contact us Phone 800-829-0922  
Your Caller ID 742367  
Page 1 of 5

004277.343866.254319.23655 2 AV 0.398 1180



RONALD BASS  
450 LITTLE PL APT 53  
N PLAINFIELD NJ 07060-6625

004277

Your installment agreement

## Monthly payment due: \$225.00

Your monthly payment of \$225.00 must be received by June 28, 2021. If you can't pay your monthly bill by this date, call us at 800-829-0922 to discuss your situation.

### Payment Information

Amount you owe	\$2,189.03
Payment due date	June 28, 2021
Minimum payment due	\$225.00

### What you need to do immediately

- Your payment of \$225.00 must be received by June 28, 2021, or you may default on your agreement. If you default, you may have to pay a user fee to reinstate it.
- Pay online or mail a check or money order with the attached payment stub. **You can pay online now at [www.irs.gov/payments](http://www.irs.gov/payments).**

Continued on back...



RONALD BASS  
450 LITTLE PL APT 53  
N PLAINFIELD NJ 07060-6625

Notice CP521  
Notice date June 16, 2021  
Taxpayer ID number XXX-XX-3614



## Payment

- Make your check or money order payable to the United States Treasury.
- Write your taxpayer identification number (XXX-XX-3614), the tax year (2019), and the form number (1040) on your payment and any correspondence.

Monthly payment due, to be received by  
June 28, 2021

**\$225.00**

INTERNAL REVENUE SERVICE  
P.O. BOX 80110  
CINCINNATI, OH 45280-0110



XXXXX3614 QU BASS 30 0 201912 670 00000022500

WI  
Notice CP521  
Notice date June 16, 2021  
Taxpayer ID number XXX-XX-3614  
Page 3 of 5

**Installment agreement summary**

Tax year	Form	Amount you owe	Failure-to-pay penalty to date	Interest charges to date
2019	1040	1,655.19	103.47	44.72
2020	1040	533.84		1.84

**\$2,189.03****Remaining balance**

004277 The penalty and interest charges shown above represent the total amounts charged since your liability became due. To determine the amount of penalty and interest charged since your last reminder notice, compare the amounts in last month's reminder notice with the amounts shown above.

**Penalties**

We are required by law to charge any applicable penalties.

**Failure-to-pay**

Description Amount  
**Total failure-to-pay \$103.47**

We assess a 1/2% monthly penalty for not paying the tax you owe by the due date. We base the monthly penalty for paying late on the net unpaid tax at the beginning of each penalty month following the payment due date for that tax. This penalty applies even if you filed the return on time.

We charge the penalty for each month or part of a month the payment is late; however, the penalty can't be more than 25% in total.

- The due date for payment of the tax shown on a return generally is the return due date, without regard to extensions.
- The due date for paying increases in tax is within 21 days of the date of our notice demanding payment (10 business days if the amount in the notice is \$100,000 or more).

If we issue a Notice of Intent to Levy and you don't pay the balance due within 10 days of the date of the notice, the penalty for paying late increases to 1% per month. If you receive a Notice of Intent to Levy, you will also receive information on how to appeal if you disagree with the action. We'll provide information about your appeal rights with the notice and you'll have the opportunity to appeal at that time.

For individuals who filed on time, the penalty decreases to 1/4% per month while an approved installment agreement with the IRS is in effect for payment of that tax.

For a detailed calculation of your penalty charges, call 800-829-0922.  
(Internal Revenue Code Section 6651)

Continued on back...

**TENANCY SUMMONS AND RETURN OF SERVICE (R. 6:2-1)****Plaintiff or Plaintiff's Attorney Information:**

Name: Wilf Law Firm, LLP

Address: 820 Morris Turnpike, Suite 201

Short Hills, New Jersey 07078

Mark Dahn, Esq., Atty ID No. 16701997

E-Mail: SomersetCountyLT@wilf-law.com

Phone: (973) 467-0300

**Superior Court of New Jersey****Law Division, Special Civil Part****Somerset County**

40 North Bridge St., 1st Floor

P.O. Box 3000

Somerville, New Jersey 08876

Phone: (908) 332-7700

**Malcolm Gardens, LLC**

, Plaintiff

Docket Number: LT- \_\_\_\_\_

(to be provided by the court)

Versus

**Ronald Bass Sr.**

, Defendant(s)

**Civil Action  
SUMMONS  
LANDLORD/TENANT****Defendant Information:**Name: **Ronald Bass Sr.**XXX Nonpayment \$ 2,324.60

\_\_\_ Other

\_\_\_ Commercial

XXX Residential

Address: 450 Little Place, Apt. 53

North Plainfield, New Jersey 07060

E-Mail: charlstonstreet@yahoo.com

Phone: (908) 347-9321

**NOTICE TO TENANT:** The purpose of the attached complaint is to permanently remove you and your belongings from the premises. You will be notified when a court proceeding is scheduled. Please contact the Office of the Special Civil Part at (908) 332-7700, ext. 13710 regarding your case. Please go to njcourts.gov for general information on landlord/tenant actions.

If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services at (908) 231-0840. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at (908) 685-2323.

You may be eligible for housing assistance. To determine your eligibility, you must immediately contact the welfare agency in your county at 73 E. High Street, Somerset, NJ 08876, telephone number (908) 526-8800.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately.

Si Ud. no tiene dinero para pagar a un abogado, es posible que pueda recibir consejos legales gratuitos si se comunica con Servicios Legales (Legal Services) al (908) 231-0840. Si tiene dinero para pagar a un abogado pero no conoce ninguno puede llamar a Servicios de Recomendacion de Abogados (Lawyer Referral Services) del Colegio de Abogados (Bar Association) de su condado local al (908) 685-2323.

Es posible que pueda recibir asistencia con la vivienda si se comunica con la agencia de asistencia publica (welfare agency) de su condado al 73 E. High Street, Somerset, NJ 08876, telefono (908) 526-8800.

Si necesita un interprete o alguna acomodacion para un impedimento fisico, tiene que notificarselo inmediatamente al tribunal.

Date: \_\_\_\_\_

**/S/ Michelle M. Smith**

Clerk of the Special Civil Part

**COURT OFFICER'S RETURN OF SERVICE (FOR COURT USE ONLY)**

Docket Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 WM \_\_\_ WF \_\_\_ BM \_\_\_ BF \_\_\_ OTHER \_\_\_ HT \_\_\_ WT \_\_\_ AGE \_\_\_ MUSTACHE \_\_\_ BEARD \_\_\_ GLASSES \_\_\_  
 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 Efforts Made to Personally Serve \_\_\_\_\_  
 Description of Premises if Posed \_\_\_\_\_  
 I hereby certify the above to be true and accurate: \_\_\_\_\_  
 Special Civil Part Officer

## APPENDIX XI-X VERIFIED COMPLAINT – NONPAYMENT OF RENT

Attorney(s)/Pro Se: Wilf Law Firm, LLP  
Address: 820 Morris Turnpike, Suite 201  
Short Hills, New Jersey 07078  
Mark Dahn, Esq., Atty ID No. 16701997  
E-Mail: SomersetCountyLT@wilf-law.com  
Phone: (973) 467-0300

Superior Court of New Jersey  
Law Division, Special Civil Part  
Somerset County  
Docket Number: LT-\_\_\_\_\_

Name of Plaintiff(s)/Landlord(s):

**Malcolm Gardens, LLC**

Vs

**Ronald Bass Sr.**

**Civil Action  
VERIFIED COMPLAINT  
LANDLORD/TENANT**

XXX Nonpayment \$ 2,324.60

\_\_\_\_ Other

\_\_\_\_ Commercial

XXX Residential

Name of Defendant(s)/Tenant(s)

Address of Rental Premises: 450 Little Place, Apt. 53  
North Plainfield, New Jersey 07060

Tenant's Phone No.: (908) 347-9321 Tenant's E-Mail: charlstonstreet@yahoo.com

1. The owner of record is **Malcolm Gardens, LLC**
2. Plaintiff is the owner or (check one) \_\_\_\_ agent, \_\_\_\_ assignee, \_\_\_\_ grantee or \_\_\_\_ prime tenant of the owner.
3. The landlord \_\_\_\_ did XXX did not acquire ownership of the property from the tenant(s).
4. The landlord \_\_\_\_ has XXX has not given the tenant(s) an option to purchase the property.
5. The tenant(s) now reside(s) in and has (have) been in possession of these premises since **October 1, 2020**  
under (check one) XXX written or \_\_\_\_ oral agreement.
6. \_\_\_\_ Check here if the tenancy is subsidized pursuant to either a federal or state program or the rental unit is public housing.
7. The landlord has registered the leasehold and notified tenant as required by N.J.S.A. 46:8-27.
8. The amount that must be paid by the tenant(s) for these premises is **\$ 982.80**  
payable on the first day of each XXX month or \_\_\_\_ week in advance.

**COMPLETE PARAGRAPHS 9A AND 9B IF COMPLAINT IS FOR NON-PAYMENT OF RENT**

9A. There is due, unpaid and owing from tenant(s) to plaintiff/landlord rent as follows:

\$ 982.80	.....	Rent for May
\$ 982.80	.....	Rent for June
\$ 50.00	.....	Late fee for May
\$ 50.00	.....	Late fee for June
	.....	
	.....	
	.....	
\$ 200.00	.....	Attorney fees*
\$ 59.00	.....	Court Cost
	.....	Other* (specify):

**\$ 2,324.60 TOTAL**

\*the late charges, attorney fees and other charges are permitted to be charged as rent for purposes of this action by federal, state and local law (including rent control and rent leveling) and by the lease.

9B. The date that the next rent is due is July 1, 2021

If this case is scheduled for trial on or after July 1, 2021, the total amount you must pay to have this complaint dismissed is **\$ 3,307.40 PLUS** an additional **\$50.00** late fee if paid after the 5th of the month for a **TOTAL** amount of **\$ 3,357.40**

If this case is scheduled for trial on or after August 1, 2021, the total amount you must pay to have this complaint dismissed is **\$ 4,340.20 PLUS** an additional **\$50.00** late fee if paid after the 5th of the month for a **TOTAL** amount of **\$ 4,390.20**

**Tenant shall also be responsible for any other future rent and additional rent which becomes due and owing during the course of this litigation.**

**These amounts do not include late fees or attorney fees for Section 8 and public housing tenants. Additional late fees may also be applicable. Payment may be made to the landlord or the clerk of the court at any time before the trial date, but on the trial date payment must be made by 4:30 p.m. to get the case dismissed.**

9C. Landlord has attempted to settle this matter and is filing this Complaint as a last resort, to bring the Tenant's account current.

Check paragraphs 10 and 11 if the complaint is for other than or in addition to Non-Payment of rent. Attach all Notices to Cease and Notices to Quit/Demands For Possession.

10. \_\_\_ Landlord seeks a judgment for possession for the additional or alternative reason(s) stated in the notices attached to this complaint. STATE REASONS:

11. \_\_\_ The tenant(s) has (have) not surrendered possession of the premises and tenant(s) hold(s) over and continue(s) in possession without the consent of landlord.

**WHEREFORE**, plaintiff/landlord demands judgment for possession against the tenant(s) listed above, together with costs.

DATED: June 25, 2021

Mark D. Dahn

(Signature of Filing Attorney or Landlord Pro Se)

Mark Dahn, Esq., Atty ID No. 16701997

(Printed or Typed Name of Attorney or Landlord Pro Se)

## LANDLORD VERIFICATION

1. I certify that I am the \_\_\_ landlord, \_\_\_ general partner of the partnership, or XXX authorized officer of a corporation or limited liability company that owns the premises in which tenant(s) reside.
2. I have read the verified complaint and the information contained in it is true and based on my personal knowledge.
3. The matter in controversy is not the subject of any other court action or arbitration proceeding now pending or contemplated and no other parties should be joined in this action except (list exceptions or indicate none): None.
4. I certify that confidential personal identifiers have been redacted from documents now submitted to the court and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).
5. The foregoing statements made by me are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

At the trial plaintiff will require:

An interpreter

☐ Yes ☒ No

Indicate language \_\_\_\_\_

An accommodation for a disability

☐ Yes ☒ No

Required accommodation \_\_\_\_\_

Dated: June 25, 2021

Irene Bartosh

(Signature of Landlord, Partner or Officer)

Irene Bartosh

(Printed Name of Landlord, Partner of Officer)

Note: Adopted as Appendix XI-X July 9, 2008 to be effective September 1, 2008. Revised effective September 1, 2009; amended August 1, 2016, to be effective September 1, 2016; amended July 14, 2020 to be effective immediately.